

Professor Hugh Bennett M.P.
with the Author's best wishes
THE

C.R.O. *(11)*
CONCLUSIONS

ARRIVED AT BY

THE MEDICAL COMMITTEE,

APPOINTED BY THE ADMIRALTY AND THE WAR OFFICE,

TO INQUIRE

IF THERE IS A SYPHILITIC VIRUS,

ARE

NOT BASED ON PATHOLOGICAL FACTS.

BY

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MEMBER OF THE LEGION OF HONOUR.

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36, Bruton Street, Berkeley Square, W.

SIR,

Inclosed is the copy of my protest against the conclusions to which the Medical Committee appointed, two years ago, to inquire if there is such a thing as a syphilitic virus have arrived at; which I take the liberty to forward, in the hope that it may be brought under the notice of the Lords of the Admiralty.

As it will be seen that this Committee refused to examine me, scientifically, to ascertain the grounds on which I asserted that there is no such thing as a syphilitic virus; and that no medical practitioner, in this country or in France, can point out one symptom pathognomonic of a syphilitic virus; as they suppressed important parts of my testimony to suit their preconceived opinions; as they did not examine any witness they called before them, to ascertain if there is a syphilitic virus—I submit, that either this Committee did not know their profession, or that they were disingenuous.

Whatever may have been the cause, the conclusions to which they have arrived are not based on pathological facts. This report is an imposition on the Admiralty, the War Office, and the Public.

Therefore, in the interest of the navy, in the interest of the army, and in the interest of the public, as the Admiralty and the War Office accepted my suggestions, two years ago, to have this so-called syphilitic disease scientifically studied, and as their confidence has been abused, permit me to hope that another and a more carefully selected Medical Committee be appointed to carry out this inquiry.

I have the honour to be, Sir,

Your obedient Servant,

DAVID MACLOUGHLIN, M.D.,
Member of the Legion of Honour.

The Secretary to the Admiralty.

P.S.—That the Committee may have an opportunity to controvert anything I have said in the enclosed pamphlet and in this letter, I have sent the President and each of the Members a copy of the enclosed pamphlet and a copy of this letter.

A copy of this letter has been sent to the War Office.

P R E F A C E.

IT is now above eighteen months since the Admiralty and the War Office, on my suggestion, appointed a Medical Committee to study and to report if a syphilitic virus exists ; and if it does exist, what are its pathognomonic symptoms on the reproductive organs, or on any other parts of the body ; what is its method of cure ; and what prophylactic means are to be employed against this virus.

This Committee have published their report, and they have concluded "*that there is a syphilitic virus.*" But they have given no proofs—as it was their duty to do—either that they themselves had gone to the bedside, and there scientifically interrogated nature ; or that by the scientific pathological researches of others, whom they called before them, they had discovered the existence of a syphilitic virus.

Still worse, they have gone so far as actually to mutilate and to suppress the testimony of witnesses opposed to their preconceived views. Consequently this report is an imposition practised on the Admiralty, the War Office, and on the public.

It is, moreover, a libel on the professional acquirements possessed by the Medical profession of this country.

May 24, 1866.



TO THE ADMIRALTY AND TO THE WAR OFFICE.

MY LORDS,

As the Admiralty and the War Office were pleased, on my suggestion, to appoint a Medical Committee to study scientifically, and to report if there is such a thing as a syphilitic virus; and if so, what are its pathognomonic symptoms; and as this Committee have now published their report, I owe it to myself to place before your lordships the proofs that I have not misled you—that this Committee was not competent to perform the duty they had undertaken to perform; and that they have imposed on your Lordships a so-called Medical Report. Therefore I will place before your Lordships the proofs

1. That no Medical practitioner in this country or in France can point out one symptom pathognomonic of a syphilitic virus.

2. That this Committee did not know how to proceed to inquire, scientifically, into the pathology, the etiology, and the Medical treatment of this so-called syphilitic disease.

3. That this Committee have not attempted to ascertain, as it was their duty to do, if there are any symptoms on the genitals, or on any other part of the body, pathognomonic of a syphilitic virus.

4. That this Committee have not attempted to ascertain, as it was their duty to do, if the witnesses whom they called before them had personally made any researches as to what are the pathognomonic symptoms of this so-called syphilitic disease, or if they spoke according to the opinions of others.

5. That this Committee have endorsed as facts, the errors of their predecessors, and the dreams of the empirics and the impostors of the sixteenth and seventeenth centuries.

6. And that this Committee have acted throughout this inquiry disingenuously.

To the facts :—

1. That no Medical practitioner in this country or in France can point out one symptom pathognomonic of a syphilitic virus.

Of the syphilidographers of the past or the present time there are only two, whose opinions are considered as authorities by the whole profession on the existence of a syphilitic virus, viz., the late Mr. John Hunter and the present Dr. Ricord of Paris.

Mr. Hunter tells us “that a chancre, like other inflammations which terminate in ulcer, begins first with an itching on the parts. If it is the glans-penis that is inflamed, generally a small pimple, painful, full of matter, without much hardness at the base, or seeming inflammation ; and with very little tumefaction, the glans not being so readily tumefied from inflammation as many parts of the body are, especially the prepuce ; nor are the chancres attended with so much pain and inconvenience as those on the prepuce. But if upon the frenum, and more especially the prepuce, an inflammation more considerable than the former follows—or at least the effects of inflammation are more extensive and visible, these parts being composed of very loose cellular membrane, afford a readier passage for the extravasated fluid, continued sympathy, also, more readily takes place in them. The itching is gradually changed to pain ; the surface of the prepuce, in some cases, is excoriated, and afterwards ulcerated. In others a small pimple or abscess appears, as in the glans-penis, which forms an ulcer. A thickening of the part comes on, which, at first, and while of the true venereal kind, is very circumscribed, not diffusing itself gradually and imperceptibly into the surrounding parts, but terminating rather abruptly ; “its base is hard and its edges are a little prominent.”

Therefore the hardness at the base of an ulcer on the prepuce is, according to Mr. Hunter, the true pathognomonic symptom of the existence of a syphilic virus.

Let us now pass to Dr. Ricord, and let us see what he considers the pathognomonic symptom of this pretended syphilitic virus.

Four and twenty years ago, at a public consultation on this

question, "Is there a syphilitic virus, and if so, what are its pathognomonic symptoms?" the writer of this letter stood single-handed before Dr. Ricord and some dozens of his friends and admirers, and brought the doctor to admit that neither by the use of his eyes, nor by the use of his fingers, could he point out the existence of a syphilitic virus on the genitals, or on any other part of the body. But Dr. Ricord maintained that he could prove the fact by inoculation. To this he still adheres.

In his eighth letter on syphilis, lately published, he says:—"Le diagnostic absolu-univoque, irréfragable, ne peut être obtenu que par l'inoculation artificielle." Dr. Ricord and Mr. Hunter are here completely in antagonism.

According to Dr. Ricord, the hardness at the base of an ulcer on the prepuce is not a pathognomonic symptom proving the existence of a syphilitic virus.

But what right has Dr. Ricord to conclude that inoculation proves the existence of a syphilitic virus? He tells us that all ulcers on the genitals or on any other parts of the body which secrete inoculable pus are syphilitic, and this is his proof of the existence of a syphilitic virus.

Dr. Ricord is not aware that the ulcers of herpes prepuccialis, a disease so named when it occurs in men, and herpes pudendalis when it occurs in women, and both arising spontaneously; that is, without "coitus", when in a state of active inflammation, secrete an inoculable pus. (See *Dr. Evans, on Ulcerations of the Genitals*, page 20.) And further, Dr. Ricord is not aware that this inoculability of pus depends on the state of active inflammation, in which the ulcer is at the time, and not on a specific virus.

Thus Mr. Henry Lee, Surgeon to St. George's Hospital, attempted to inoculate with the pus, taken from a hard based ulcer on the prepuce, in a state of chronic inflammation, but failed. He then irritated this ulcer, and when it was brought into a state of active inflammation, the pus then became inoculable. (See Mr. Henry Lee's report of his experiment published in the *Lancet*, 31st March, 1866.) (See also Professor Wilhelm Boeck, of Christiana, statement to the same effect as Mr. Lee's experiment, reported in page 348 of the Medical Committee's Report.)

Therefore Dr. Ricord's inoculation, as a proof of the existence of a syphilitic virus, is a myth, placed in the room of Mr. John Hunter's myth; for no medical practitioner, in this country or in France, can point out one symptom pathognomonic of a syphilitic virus.

2. That this Committee did not know how to proceed and inquire scientifically into the pathology, the etiology, and the medical treatment of this so-called syphilitic disease, I now proceed to show.

Everyone knows that when a scientific medical practitioner is called to the bedside of his patient, his first duty is to inquire what were the first symptoms which marked the first deviation from perfect health—then to trace their effects on the body or mind, or on both—then to endeavour to ascertain the cause or causes of these symptoms, and then to prescribe.

When the impostor, on the contrary, is called to the bedside, he neither inquires as to the symptoms, nor the cause or causes of these symptoms. Simply, he assumes that his patient is labouring under such or such a disease, and he prescribes his nostrum.

This Medical Committee began their inquiry by assuming that there is a syphilitic virus—they assumed also that this virus resides in the hard base of an ulcer on the prepuce—and they further assumed that this syphilitic virus can be absorbed into the body of the individual; there remain dormant for years; and then manifest its presence on his offspring by symptoms which they call secondary symptoms of syphilis!!!

The writer of this letter was the first witness this Committee called before them. Having denied the existence of a syphilitic virus, and knowing that this Committee knew that they were assembled at his suggestion, to study and to endeavour to ascertain if there is a syphilitic virus, he naturally expected that this Committee—who were said to be a most scientific Medical Committee—would, as scientific medical practitioners, begin this inquiry by ascertaining the symptoms which marked the first deviation from perfect health in this so-called syphilitic disease. But they did no such thing.

On the contrary, the first question they asked him was relative to the so-called secondary symptoms of this so-called

syphilitic disease. Thus beginning their examination at the "Omega," instead of the "Alpha," of the question before them. (See Dr. Macloughlin's examination before this Committee, page 1 of this Report.)

The first question they put to their second witness they called before them was this:—"Do you concur in Dr. Macloughlin's views on the subject of syphilis?" His answer was:—"Certainly not, nor have I any confidence in that statement."

Since Dr. Macloughlin's name and opinions were thought worthy to be mentioned, this Committee ought to have known that it was their duty to ask this witness on what pathological facts he based his opinion that there is a syphilitic virus, and how he arrived at the conclusion that he ought not to have any confidence in Dr. Macloughlin's statement.

The Committee pursued the same line of examination with the third witness. They did not ask him a question about the first symptoms of a so-called primary syphilitic ulcer on the genitals, or on any other part of the body. They assumed that this third witness, like the witness who preceded him, could at once point out the diagnosis between a so-called syphilitic and a non-syphilitic ulcer on the genitals, or on any other part of the body. Their first question to him was: "Have you seen the pamphlet of Dr. Macloughlin on the subject of syphilis?" "I have," was the answer; "Dr. Macloughlin sent me his pamphlets successively."

"You are familiar with his opinions on syphilis, and I may ask you, do you approve them and adopt them?" "Certainly not", was the answer. Why or wherefore he disapproved of Dr. Macloughlin's opinions, they did not think it necessary to ask.

Their next question was this: "Do you approve the division of sores into infecting and non-infecting?" "Yes; I approve of the division of sores into infecting and non-infecting," was the answer. Did they ask him why? They did not.

Now, as neither this Committee nor this witness had given any pathological proofs that there exists a syphilitic virus, what right had this Committee or this witness to assume that there is a syphilitic virus, and that one kind of ulcer on the genitals is infecting, and another kind is non-infecting?

“Do you limit the infecting sores to such as are accompanied by thickening or induration?” was the next question. “As a rule I do,” was the answer.

With every respect for this witness, I submit that, as he had neither proved by his pathological researches that there is such a thing as a syphilitic virus, nor that a syphilitic virus resides in the thickened or indurated base of an ulcer on the prepuce. The answer he gave was the mere echo of the preconceived opinion of his interrogators.*

Is it necessary to demonstrate further that this Committee had accepted a duty they did not know how to perform; that, being unacquainted with the law of evidence, they did not know how to examine the witnesses they called before them. Their so-called Medical Report is before the medical world; and every one who knows his profession, and who has a right to have a medical opinion, can judge the value of this Report.

3. That this Committee have not attempted to ascertain, as they were bound to do, if there are any symptoms on the

* I beg to call attention to Dr. Balfour's questions, from 94 to 105. He took exceptions to what I had stated in my pamphlet, relative to the abuse of mercury for the cure of syphilis in the army. A great part of what was said by Dr. Balfour and myself is suppressed; and thus, at 104, he promised to show me the proofs that the administration of mercury for the cure of syphilis was, as a rule, given up in the army; and it was agreed that I should call on him the next day at his office, to see his proofs. I did call. He refused to see me; and I was requested to write what I had to say to him. I insisted on a personal interview; that he was to name the day and the hour. He named three days after, at half-past 3 P.M. I recalled to him that I was come, according to agreement with him before the Committee, to see his proofs that mercury for the cure of syphilis, as a rule, was given up in the army. His reply was that, as I was in no official employ, he must decline to give me the proof; that he would do so to the Committee. And, at No. 105, I am made to answer, “My retraction is sufficient”; whereas my answer ought to have been reported thus: “My retraction *will be* sufficient.” And I leave the reader to decide if Dr. Balfour has redeemed his promise to bring before the Committee the proofs that, as a rule, the use of mercury is given up in the army.

But the question at issue, it must not be forgotten, was, “*Is there a syphilitic virus?*” and not “What is the treatment of syphilis?” And Dr. Balfour had no more proofs than the other members of that Committee, that such a virus exists. He, like his associates, wanders from the question before him.

genitals, or on any other parts of the body, pathognomonic of a so-called syphilitic virus, and, if so, what are its pathognomonic symptoms?

Had this Committee known anything of the literature of their profession, they must have been aware that they were the first medical committee appointed in any country to inquire scientifically if there is a so-called syphilitic virus; and, if there is, to determine its pathognomonic symptoms. We have seen how they have acquitted themselves of the duty intrusted to them.

We look in vain in this Report for any scientific researches, either on the part of this Committee or on the part of the witnesses they examined, as to the existence or non-existence of a syphilitic virus, its pathognomonic symptoms, or its method of cure. Like the empirics, the impostors, and the Parliament of Paris of the sixteenth and seventeenth centuries, they have, without a particle of proof, assumed that there is a syphilitic virus!!!

4. That this Committee have not attempted to ascertain, as it was their duty to do, if the witnesses whom they called before them had personally made any researches as to the pathology, &c., of this so-called syphilitic disease, or if they spoke according to the researches of others.

I have shown how this Committee examined the three first witnesses. Here are specimens how they proceeded to examine other witnesses:—"Have you any doubt of the existence of a specific disease known as syphilis?" "I have no doubt about it," was the answer. With this answer the Committee were perfectly satisfied. It never entered their heads to ask, What do you consider are the pathognomonic symptoms of a so-called syphilitic ulcer on the genitals, or on any other part of the body? But, no; he is asked, "Do you include under that term all venereal sores caused by promiscuous sexual intercourse, or do you divide the sores into a simple one, and a specific one?" "According to my experience," the witness replied, "there are several distinguishable sores resulting from infection obtained in sexual intercourse. I do not consider syphilitic sores in the same light as a small-pox or cow-pox pustule; they have not the regular character and progress which these have; there are several sorts." "I wish," says

the Chairman, "at present to confine my inquiry entirely to every sore that is called a syphilitic sore." "I term," says the witness, "all sores syphilitic that come from infection in sexual intercourse, the appellation is just as applicable to one sore as to another."!!!

The examination of another distinguished surgeon commenced thus:—"You have taken a great deal of interest in the subject of syphilis?" "Yes." "You have made it a study for many years of your professional life?" "Yes." "Have you had any opportunities of treating the primary stages of syphilis?" "A great many." But they did not ask him, What are the pathognomonic symptoms of a so-called syphilitic ulcer on the genitals or on any other part of the body?!!

Knowing by inspiration that there is a syphilitic virus, the Committee would have thought it discourteous to ask this eminent surgeon if he knew the A, B, C, of this so-called syphilitic disease. Their next question was: "What proportion of the cases which you at first deemed to be soft sores have been followed by secondary disease, and is that a common occurrence?" Answer: "It is not a very infrequent one; I should *guess* that about once in thirty times a sore, which I had supposed to be a soft sore, was followed by secondary symptoms; I give that just as a *guess*, and not as the result of any calculation."

Of a third distinguished surgeon they asked, "Do you apply the term 'syphilis' indiscriminately to all forms of venereal disease?" "No." "To what do you restrict its application?" "Setting aside gonorrhœa, to all forms of venereal disease." "All sores?" "Yes, all other sores." Not a question is asked if all sores on the genitals have, or have not, the same appearances.

The above three surgeons, of whose examination I have given a specimen, are amongst the most distinguished members of the medical profession; and their testimony proves the want of knowledge of the pathology of this so-called syphilitic disease by the medical profession in this country.*

* To those readers of this pamphlet, who have not read the Report published by the Committee, I must inform them that I have stated what the witnesses considered the strongest facts in support of the opinion they gave.

5. That this Committee have endorsed as facts the errors of their predecessors, and the dreams of the empirics and impostors of the sixteenth and of the seventeenth centuries as to the pathology of this disease. It is seen that throughout their Report this Committee consider Mr. Hunter's opinion, that a hardness at the base of an ulcer on the prepuce is the pathognomonic symptom of the existence of a syphilitic virus. Are they not told by the greatest syphilographer of the present age, Dr. Ricord, that the hardness at the base of an ulcer on the prepuce is no proof of the existence of a syphilitic? And since they had been appointed to inquire scientifically if there is, or not, a syphilitic virus, was it not, I repeat, their duty to inquire if Mr. Hunter or Dr. Ricord is right?

But is it not on record that other pathologists have informed them that if caustic is applied to a healthy prepuce, that the ulcer which follows this application of caustic has a hard base. Thus demonstrating Mr. Hunter's error. Has not the ulcer caused by herpes prepucialis a hard base, especially when any irritating application is placed on the ulcer? (See *Bateman on Cutaneous Diseases*.) And is it not known to every scientific medical practitioner, that this hardness at the base of an ulcer on the prepuce depends on the degree of active inflammation which has existed, and on the loose cellular texture on which it is placed? But is it not also on record that Mr. Hunter described the symptoms of herpes prepucialis as the true symptoms of syphilitic disease, and thereby misled the medical profession?

I repeat, as they had these facts before them, had they known their profession, and had they known their duty, they ought to have inquired into them, and ascertained if they were justified to place any confidence in Mr. Hunter's statement. But, not content with assuming as facts the errors of Mr. Hunter as to the pathology of this so-called syphilitic disease, they assume the dreams of the empirics and impostors, that the syphilitic virus can lay dormant for years in the body of the parent, and then is conveyed, with the semen, into the body of the offspring, and manifest itself in the offspring *even "thirty years after his birth"!!!* And, to prove this, they called before them specialists, and they get from each the stereotyped answer, of nothing like leather.

They called before them a great authority on the question of hereditary syphilis, and he assures the Committee "that he finds no difficulty in discovering hereditary syphilis in a person thirty years after birth, for the bridge of the nose is sunken or flat, and the upper central incisor teeth present vertical notches." Did they ask him how he could trace the connection between a so-called syphilitic ulcer on the genitals and the sunken and depressed bridge of the nose, and the vertical notches on the upper central incisor teeth? They did not.

The zoologists inform us that there is a species of animal which where one goes all follow. Is it the same with the specialists? Another distinguished practitioner whom the Committee call before them also affirms "that he knows that syphilis is hereditary in consequence of the offspring having these vertical notches on the upper central incisor teeth." But the Committee forgot to ask him how he arrived at that knowledge, and if he knew what are the pathognomonic symptoms of a so-called syphilitic ulcer on the genitals!!!

They also called before them a dentist: he knows that syphilis is hereditary, "because there is a great amount of irregularity in the form of the teeth individually, especially in the front teeth." Did they ask this gentleman if he knew what are the pathognomonic symptoms of a primary so-called syphilitic ulcer on the genitals? They did not.

They called another witness before them who affirms that syphilis is a hereditary disease "because he has seen necrosis of the upper jaw bone," the consequence of hereditary syphilis. Did they ask this gentleman if he knew what are the pathognomonic symptoms of a so-called primary syphilitic ulcer on the genitals, or on any other part of the body, and how he could trace the connection between a primary syphilitic ulcer and this necrosis of the bone of the upper jaw? They did not. They, of course, knew as well as this witness that necrosis of the upper jaw bone can be caused only by hereditary syphilis!!!

They call before them a distinguished dermatologist [*Anglicè*, skin doctor], and they begin to examine him, in their usual way, by an assumption. Thus, they ask him: "You are very familiar with diseases of the skin, and amongst other varieties

of disease have you had opportunities to see varieties of syphilitic diseases, whether in children or in adults?" "Ycs." "In the form of eruption chiefly?" "Yes; eruptions and affection of the mucous membrane of the mouth." Did they ask him for evidence of facts to account for this belief? They did not.

It is possible that this gentleman entertains the same opinions on cutaneous eruptions as a late celebrated dermatologist, Dr. Alibert, who believed that any eruption on the skin, and every ulcer on the body which could be cured by mercury, was syphilitic. When told that his patient never having had "*coïtus*," could not have contracted the disease, Alibert would reply, "His father or mother, or his grandfather or grandmother, or some of his ancestors, must have contracted the disease, and it now appears in the individual before me. Consequently, according to Dr. Alibert, any virtuous descendant of Adam might have contracted this disease from any virtuous descendant of Eve, for anything he, she, or they, might know to the contrary!!!

This is the dogma of the French, and it is the dogma accepted by the English dermatologist as a demonstrated fact, that syphilis is hereditary, and accepted by this Committee as a pathological fact that cannot be doubted!!! And as this Committee, throughout their inquiry, allowed the witnesses before them to consider that the symptoms of scrofula and those of hereditary syphilis are the same, it follows that, according to this Committee, and according to the testimony of the witnesses that came before them, that almost the whole population of the world are labouring under hereditary syphilis. And, as a proof of the correctness of what I am stating, I refer to the case of Mr. M., who appeared before the Committee. (See p. 365 in the Report of this Committee; see also pp. 467, 468; see also pp. 475, 476.)

Apparently knocking at every door for information as to this so-called syphilitic virus being transmitted from the parent to the offspring, this Committee called before them a distinguished accoucheur. What was their first question to this gentleman? They would not have been true to themselves if they had not begun by their usual assumption, thus: "You are familiar with the various aspects presented by children at

their birth, and you are, doubtless, familiar with the appearance presented by infants born of syphilitic parents?" "I am quite familiar with them." "Will you be so good as to describe the appearance presented by a syphilitic infant?" "If I were to point to local symptoms that mark the existence of hereditary syphilis, I would say that the *alæ nasi* are depressed in almost every syphilitic child, and it is a very marked feature," &c. But they forgot to ask him this most important question, How do you know that syphilis is the cause of this depression of the *alæ nasi*?

They called before them another distinguished accoucheur, and they began as usual by asking him, "You are familiar with the appearances which are presented by new-born children who are afflicted with syphilis?" "Yes." "Will you be so good as to describe, as briefly as you please, the appearance which a child presents at birth, and which induces you to say that the child is syphilitic?" "The children are very much emaciated; they have a sort of monkey face in appearance; and they commonly have a rash either at the time, or which breaks out afterwards, extending over the nates, the thighs, and the genital organs, of a light copper colour; very often the skin easily peels off the feet and exfoliates in that way."

Where is the medical practitioner, acquainted with his profession, who does not see that that gentleman describes a case of strumous disease, and assumes it to be a case of hereditary syphilis? He himself admits this, for he says a little farther, "If the child survives it is apt to go into struma." He also tells us, "That there is no difficulty to establish the diagnosis between hereditary syphilis and struma"!!! But the Committee forgot to ask him what were his proofs of the existence of a syphilitic virus? and how he could trace the eruption on the child to the ulcer on the parents' genitals? and what are the diagnosis between syphilis and struma? Therefore this gentleman's evidence can afford us no proofs of the existence of a hereditary syphilis.

That all the specialists might be represented in their Report, the Committee call before them also a distinguished oculist. He affirms that he knows that syphilis is hereditary by the inflammation of the cornea and by iritis. Of course the Com-

mittee were satisfied with this information, as this gentleman has affirmed it; and of course they are well aware that inflammation of the cornea and iritis can only occur from hereditary syphilis!!!

It must not be lost sight of, that the above specialists are esteemed amongst the best informed medical practitioners (as specialists) in this country; that they are believed on their oaths, on medical questions, in courts of law. But we must not altogether blame these specialists for their shortcomings. Did not this Committee begin, I repeat, their inquiry by assuming the existence of a so-called syphilitic virus? while they had been appointed to study and to ascertain if such a virus existed. And have they not, during this inquiry, done all in their power to bring us back to the days when the empirics and impostors alarmed the Parliament of Paris, by assuming the contagious nature of syphilis—that it was communicated from an infected to a healthy person by breathing the same air, by sitting on a seat where an infected person had sat, etc., which caused the Parliament of Paris to decree that any foreigner, who laboured under this disease, and did not leave France in twenty-four hours, should be hung; that every Frenchman who laboured under this disease, if out of his house and in the street, should be hung?

Although this Committee have had before them some of the best medical practitioners in this country, have they examined one of these scientifically? Their Report is there, to answer—certainly not.

6. That this Committee have acted, throughout this inquiry, disingenuously.

When I appeared before this Committee as a witness, on the 6th of October, 1864, and when I found that, instead of beginning, as it was their duty to do, to ask me on what grounds I doubted the existence of a syphilitic virus, and when I found that they had assumed that there is a syphilitic virus, I immediately protested against this unscientific manner of carrying out this inquiry. I sat on the left of the President; the shorthand writer sat on my left. The President, while I formulated my protest, told the shorthand writer not to take down what I was saying; as it was merely conversation, that

he would tell him when to take notes. This protest does not appear in their report of my examination before them. They have suppressed it.

But there is a more important part of my evidence suppressed. It is seen above that Dr. Ricord maintains that inoculation is the only proof of the existence of a syphilitic virus. Dr. Donnet, while examining me, said that inoculation was a proof of the existence of a syphilitic virus. Upon which I turned to Dr. Evans's work on Venereal Disease, and I requested the President to read to the Committee an account which Dr. Evans gives of an experiment practised at Valenciennes in 1816 by my late friend, Inspector-General Dr. Murray. Dr. Murray inoculated a man with the pus from an herpetic ulcer on the prepuce in a state of active inflammation, and a pustule was the result, showing at once that Dr. Ricord is in error when he asserts that only syphilitic ulcers secrete inoculable pus; therefore that Dr. Ricord has no proofs of the existence of a syphilitic virus; and that, therefore, I repeat, no medical practitioner in this country or in France can point out one symptom pathognomonic of a syphilitic virus.

This quotation from Dr. Evans was an important one, and especially as I was at Valenciennes at the time, and that I was cognisant of the fact; consequently this quotation from Dr. Evans, which the President read out to the Committee, and what I had stated after the President had read the quotation, I submit ought to have appeared in the Report of the Committee, as it demonstrates, I repeat, that there is no proof of the existence of a syphilitic virus.

I say I sat on the left of the President, and the short-hand writer sat on my left. He was going on taking down Dr. Donnet's questions and my answers. But when I had put Dr. Evans's work into the President's hand, and after I had requested him to read the above quotation relative to Dr. Murray's experiment, the President told the short-hand writer that he would give him the quotation to copy. Whether the President accidentally or intentionally omitted to give the above quotation and my protest to the short-hand writer to be inserted in his notes of my examination I leave others to decide. But it is not only in my evidence that important

passages have been omitted or mutilated to meet the views of this Committee.

I have before me a pamphlet published by Dr. Dickson. It appears that this gentleman formerly served in the army in India. Having had great opportunities to see and to study diseases of the genital organs, he satisfied himself that the pathology of syphilis was not understood. On retiring from the army he published his doubts. As I was not in this country when Dr. Dickson published his opinion relative to the non-existence of a syphilitic virus, I was not aware of his publication on the subject.

My pamphlet fell into the hands of the Secretary to the Admiralty, who, struck with the facts which I brought forward, Mr. Romaine, although personally unacquainted with Dr. Dickson, and knowing him only by his writings, sent him my pamphlet, requested his opinion on it, and begged his advice whether it would be useful or not to appoint a Medical Committee, as I recommended, to study the pathology of this so-called syphilitic disease, and requested to see him at the Admiralty.

After Dr. Dickson had carefully read my pamphlet, he gave it as his advice that a Medical Committee ought to be appointed to carry out my suggestion; and the above Medical Committee was appointed. The Admiralty desired this Committee to examine Dr. Dickson.

It appears by Dr. Dickson's pamphlet, that he is the only medical practitioner that came before that Committee who had the moral courage to give, and to support his opinions by facts, which this Committee could not controvert; and that this Committee suppressed and mutilated part of his testimony to suit their views. Dr. Dickson remonstrated against this suppression and this mutilation of a part of his evidence; a correspondence, it also appears, took place between him and the Secretary to the Admiralty, in the course of which Dr. Dickson threatened to apply for an injunction against the publication of his evidence in the Report of the Committee in its mutilated state. I now see that Dr. Dickson's evidence does not appear in the above Report. The hiatus is filled up with these words, "the evidence, comprising the questions from

Nos. 2255 to 2340, inclusive, is omitted here, on the recommendation of the Lords of the Admiralty." Therefore, since this Committee did not hesitate to mutilate, and to suppress parts of Dr. Dickson's evidence to serve their views, I say that they have done the same with my evidence; that they are not, therefore, trustworthy; and that their Report is based on assumptions and not on facts, and that it is an idle romance; and therefore, I beg leave to say, that I have demonstrated,

1. That no medical practitioner in England or in France can point out one symptom pathognomonic of a syphilitic virus.

2. That this Committee did not know how to proceed to inquire scientifically into the pathology, etc., etc., of this so-called syphilitic disease.

3. That this Committee have not attempted to ascertain, as it was their duty to do, if there are any symptoms on the genitals, or on any other part of the body, pathognomonic of a syphilitic virus.

4. That this Committee have not attempted to ascertain, as it was their duty to do, if the witnesses, whom they called before them, had personally made any researches as to what are the pathognomonic symptoms of this so-called syphilitic disease, or if they spoke according to the researches of others.

5. That this Committee have endorsed, as facts, the errors of their predecessors, and the dreams of the empirics and impostors of the sixteenth and of the seventeenth centuries.

6. And that this Committee have acted throughout this inquiry disingenuously.

Finally, it must be said, that from the above it is evident that this Committee did not attempt to ascertain, as it was their duty to do, if there is a syphilitic virus, and if so, what are the pathognomonic symptoms of a primary so-called syphilitic ulcer on the genitals, or on any other part of the body? It is evident that they have assumed the existence of a syphilitic virus, and it is evident that they have no pathological facts to authorise them to conclude as they have done,

"That this Committee cannot neglect the opportunity of calling attention to the evidence of the many distinguished authorities, so strongly confirming the opinion which has of late years been increasing in strength, amongst the profession,

as to the fatal effects of syphilis on the human offspring. They testify to its prevalence amongst all classes of society; its insidious nature; the frequent failure of all but men of great experience to recognise it; and, moreover, to this most important fact, that the poisoned *fœtus in utero* is no infrequent cause of misearriage."

Consequently, we are authorised to say, that the conclusions which this Committee have arrived at are based on assumptions instead of being based on well established pathological facts; that they are the productions of untutored imaginations; that they are a deception practised on the Admiralty, the War Office, and the public; and that they are repugnant to the present medical acquirements of the medical profession in this country.

I have the honour to be, my Lords,

Your Lordships' obedient servant,

DAVID MACLOUGHLIN, M.D.,

Member of the Legion of Honour.

London, 24th May, 1866.

36, Bruton Street, Berkeley Square, W.

P.S. Since the above was written, I have received the copy of the Instructions, given by the Admiralty and the War Office to the Medical Committee.

The Admiralty and the War Office will permit me to say, that every sailor is not a scientific nautical man; consequently that when a scientific nautical question is sought to be solved, the question ought to be put in scientific nautical terms, and then referred for an answer to scientific nautical men. The same thing holds good in the medical profession. That every medical man is not a scientific medical man; that when a scientific medical question is sought to be solved, the question ought to be put in precise scientific medical terms, and then referred for an answer to scientific medical men.

The instructions given to the above Medical Committee have been, it is evident, drawn up by persons unacquainted with medical science; who did not know what information

they ought to ask for, and who sought for information on a medical question from persons, like themselves, unacquainted with medical science.

No person need be told that to study any question scientifically we must begin at what is known, and thereby endeavour to arrive at what we do not know; consequently, that we must not begin by *assuming* as a demonstrated fact, that which we have not demonstrated to be a fact.

The above instructions begin by assuming "that there is a syphilitic virus," hence a so-called syphilitic disease; and requires the Medical Committee "to consider the pathology of this disease, only to such an extent as they may deem absolutely necessary, to enable them to deal with the main object of the inquiry, namely, the attainment of a sound rule of treatment."

Had such instructions been given to a committee composed of scientific medical men, they would have seen the error which had crept into their instructions; they would have seen that they were called on to act the tragedy of "Hamlet" with the part of Hamlet left out; they would have corrected this error; they would have gone to the bedside and there interrogated nature; they would then have sought for information from persons who they believed could give them information, and they would have ascertained, by a careful inquiry, if these persons were acquainted with medical science, and entitled to be heard as witnesses; and having done all that medical science dictates to arrive at a knowledge of the disease, they would have pronounced their views as to the pathology, etc., etc., of this so-called syphilitic disease.

But unfortunately this Committee, to which the above instructions were given, was composed of persons unacquainted with medical science, and unacquainted with the duty they were called on to perform. They did not go to the bedside and there interrogate nature; and when they had before them scientific medical men well acquainted with their profession, and competent to give, and to be heard when they give, an opinion on a medical question, they did not examine them in such a manner as to give them an opportunity to show that the testimony they gave was based on well ascertained patho-

logical facts. They refused to listen to pathological facts; they suppressed pathological facts; they mutilated and suppressed evidence to suit their preconceived opinions; "they assumed the existence of a syphilitic virus."

They have put before the Admiralty, the War Office and the public, the creation of their untutored brains, as a demonstrated pathological fact.

But this Committee have not completed their romance; they have not published the medical treatment they recommend for their bantling. Out of respect for the medical profession it is hoped that it will never be brought to light. Based as their report is on the creation of their untutored brains, the medical treatment they will recommend, for this so-called syphilitic disease, will rest on imagination. It cannot be useful to the public. It will entail scorn and contempt on the medical profession of this country.

From the above facts it is evident, that the Admiralty and that the War Office have fallen into incompetent and unfaithful hands; that their confidence has been abused; that they have been imposed upon; and that the pathology, the etiology, and the medical treatment of this so-called syphilitic disease, is where it was, still requiring to be scientifically studied.

As the Admiralty and the War Office adopted my suggestions two years ago, and appointed this Medical Committee to have this disease scientifically studied, with every sentiment of respect, and in the interest of the Navy, in the interest of the Army, and in the interest of the public, it may be permitted to hope, that the above two great departments of state will not be deterred from further inquiry into the pathology, etc., of this disease, by the failure of this first attempt.

They will please remember that the art of gunnery has not arrived at its present state of improvement but by slow and repeated investigations, that therefore they cannot expect that a medical question, which has heretofore been in all countries chiefly in the hands of quacks and impostors; which has, heretofore, never been scientifically studied, in any country; by scientific medical practitioners, or by any scientific medical authorities; and which, heretofore, every government, in

every country, have deemed it derogatory to themselves to take cognisance of such a disease and to have it studied.

I say, with sentiments of respect, that it may be hoped that, from motives of duty towards their subordinates, from motives of duty towards the public, and from motives of humanity towards the human race, that the Admiralty and the War Office will give the medical profession the same opportunity to be useful that they have given the gunners, and that they will appoint another medical committee to study scientifically if there is a syphilitic virus? if so, what are its pathognomonic symptoms on the genitals and on other parts of the body, and its medical treatment, and the hygienic means they recommend to prevent the occurrence of this disease in the Navy and Army.

June 16th, 1866.

